

| CLAIMS ONLY  |          |        |                       |        |                        |        | Application Number<br>10749610                    |        | Filing Date |        |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|---|--------|-------------|--------|
| CLAIMS       | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        | * May be used for additional claims or amendments |        |             |        |
|              | Indep    | Depend | Indep                 | Depend | Indep                  | Depend | Indep   | Depend | Indep       | Depend |
| 1            |          |        |                       |        |                        |        | 51  |        |             |        |
| 2            |          |        |                       |        |                        |        | 52  |        |             |        |
| 3            |          |        |                       |        |                        |        | 53  |        |             |        |
| 4            |          |        |                       |        |                        |        | 54  |        |             |        |
| 5            |          |        |                       |        |                        |        | 55  |        |             |        |
| 6            |          |        |                       |        |                        |        | 56  |        |             |        |
| 7            |          |        |                       |        |                        |        | 57  |        |             |        |
| 8            |          |        |                       |        |                        |        | 58  |        |             |        |
| 9            |          |        |                       |        |                        |        | 59  |        |             |        |
| 10           |          |        |                       |        |                        |        | 60  |        |             |        |
| 11           |          |        |                       |        |                        |        | 61  |        |             |        |
| 12           |          |        |                       |        |                        |        | 62  |        |             |        |
| 13           |          |        |                       |        |                        |        | 63  |        |             |        |
| 14           |          |        |                       |        |                        |        | 64  |        |             |        |
| 15           | 1        |        |                       |        |                        |        | 65  |        |             |        |
| 16           |          |        |                       |        |                        |        | 66  |        |             |        |
| 17           |          | 1      |                       |        |                        |        | 67  |        |             |        |
| 18           |          |        | 1                     |        |                        |        | 68  |        |             |        |
| 19           |          |        |                       |        |                        |        | 69  |        |             |        |
| 20           |          |        | 1                     |        |                        |        | 70  |        |             |        |
| 21           |          |        |                       |        |                        |        | 71  |        |             |        |
| 22           |          |        | 1                     |        |                        |        | 72  |        |             |        |
| 23           |          |        |                       |        |                        |        | 73  |        |             |        |
| 24           |          |        |                       |        |                        |        | 74  |        |             |        |
| 25           |          |        |                       |        |                        |        | 75  |        |             |        |
| 26           |          |        |                       |        |                        |        | 76  |        |             |        |
| 27           |          |        |                       |        |                        |        | 77  |        |             |        |
| 28           |          |        |                       |        |                        |        | 78  |        |             |        |
| 29           |          |        |                       |        |                        |        | 79  |        |             |        |
| 30           |          |        |                       |        |                        |        | 80  |        |             |        |
| 31           |          |        |                       |        |                        |        | 81  |        |             |        |
| 32           |          |        |                       |        |                        |        | 82  |        |             |        |
| 33           |          |        |                       |        |                        |        | 83  |        |             |        |
| 34           |          |        |                       |        |                        |        | 84  |        |             |        |
| 35           |          |        |                       |        |                        |        | 85  |        |             |        |
| 36           |          |        |                       |        |                        |        | 86  |        |             |        |
| 37           |          |        |                       |        |                        |        | 87  |        |             |        |
| 38           |          |        |                       |        |                        |        | 88  |        |             |        |
| 39           |          |        |                       |        |                        |        | 89  |        |             |        |
| 40           |          |        |                       |        |                        |        | 90  |        |             |        |
| 41           |          |        |                       |        |                        |        | 91  |        |             |        |
| 42           |          |        |                       |        |                        |        | 92  |        |             |        |
| 43           |          |        |                       |        |                        |        | 93  |        |             |        |
| 44           |          |        |                       |        |                        |        | 94  |        |             |        |
| 45           |          |        |                       |        |                        |        | 95  |        |             |        |
| 46           |          |        |                       |        |                        |        | 96  |        |             |        |
| 47           |          |        |                       |        |                        |        | 97  |        |             |        |
| 48           |          |        |                       |        |                        |        | 98  |        |             |        |
| 49           |          |        |                       |        |                        |        | 99  |        |             |        |
| 50           |          |        |                       |        |                        |        | 100   |        |             |        |
| Total Indep  |          |        |                       |        |                        |        | Total Indep                                       |        |             |        |
| Total Depend | 4        |        |                       |        |                        |        | Total Depend                                      |        |             |        |
| Total Claims | 8        |        |                       |        |                        |        | Total Claims                                      |        |             |        |